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ALL THINGS BEING EQUAL – IMPROVING OUR APPROACH TOWARDS EQUALITY, DIVERSITY AND INCLUSION (EDI)Alex Taylor. *St Wilfrid's Hospice, Eastbourne, UK*

10.1136/bmjspcare-2018-hospiceabs.74

Background Equality and diversity should be integrated into palliative care (Care Quality Commission, 2016). Awareness of our patients' unique demographics helps individualise their care. Discrimination and assumptions should be avoided (Marie Curie, 2016; Baillie & Matiti, 2012). Fear of this may inhibit certain groups from accessing care. Analysis of previous patient data identified certain demographics, particularly religious beliefs and sexual orientation, were consistently poorly recorded.

Aims Evaluate staff beliefs, knowledge and skills surrounding equality, diversity and inclusion (EDI) in the organisation. Use results to shape staff training.

Method Online anonymised survey sent to all staff via email. Areas covered include staff role, importance of EDI to practice, how often they ask patients about disability, religious beliefs, ethnicity, gender identity, sexual orientation, comfort in doing so and whether the hospice encourages a culture of EDI.

Results 62 responses:

- 33 nurses, seven doctors, five therapists, 17 non-clinical
- 100% rated awareness of disability and beliefs as important to their role, 93% ethnicity and gender identity, 83% sexual orientation.
- 69% of staff do not ask about sexual orientation, 64% do not ask about gender identity.
- Most common reason for not asking: 'fear of making patient uncomfortable' – 23% of staff chose this for sexual orientation and gender identity.
- Majority preferred to seek information by asking patients directly but high number (33% for ethnicity and sexual orientation) stated they made assumptions based on patient interaction.
- 80% felt face to face best to collect this information, 58% thought form would be suitable.
- Asked whether organisation encourages culture of EDI for patients – 8.7% of staff responded 'no', 32.6% 'unsure'. 22% 'unsure' whether EDI encouraged amongst staff.

Conclusions Findings clearly demonstrate work needs to be done to promote EDI in the hospice. EDI has now been incorporated into all staff's mandatory training. New working group set up, seeking to promote EDI and increase accessibility to less represented groups.

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RUNNING A DEATH CAFÉ – PROMOTION, PLACE, PARTICIPANTS AND PRODUCTSarah Bell. *Garden House Hospice Care, Letchworth Garden City, UK*

10.1136/bmjspcare-2018-hospiceabs.75

Background The principles of running a death café are widely available (Morgan, 2017; Baldwin, 2017) but information comparing different styles, venues or promotion of cafés is unobtainable. Published Death Café model guidance advises

against professionally experienced end of life care facilitators (<http://deathcafe.com/how/>).

Aims To share learning from three different death cafés regarding promotion, title, venues, facilitators and participants.

Method Three death cafés were run: two public and one for staff. All had clinical hospice staff as facilitators.

The 2015 public event was entitled 'Death Café'. The venue was a suburban church hall. There were simple refreshments. The host church helped with local promotion and event organisation.

The 2018 public event was promoted by the hospice locally and via media. It was entitled 'Everything You Wanted to Know About Dying but Were Afraid to Ask'. Drinks and cake were provided. The event was at a town edge church venue, challenging to locate. No host church involvement.

The 2018 internal event, aimed at hospice volunteers and non-clinical staff, was entitled 'Death Café'. The venue was the main hospice building. Promotion was internal.

Results Attendance at the first and second external events was 40 and 12 respectively. Many first event participants were from the host church. Both events had participants from faith groups but no 'passing trade' attendees. Both venues were free. Participants easily located the suburban but not the town edge venue. The internal event was attended by 16 staff and volunteers. No staff working outside the main hospice site attended. For all events, clinical hospice facilitators were clearly beneficial in addressing participants' fears and misinformation.

Conclusion The title Death Café does not deter attendees. Easily located venues are essential. Advertising to local faith groups is worthwhile. Fancy refreshments are unnecessary. Hosting by a faith group can reduce workload, increases attendees and reduce cost. Hospice staff are less likely to attend events outside their usual workplace. Clinically experienced facilitators are beneficial.

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DEATH CAFÉS: OPENING UP ABOUT DEATH, DYING AND BEREAVEMENTMhairi Herring, Hayley Purser. *Ashgate Hospicecare, Chesterfield, UK*

10.1136/bmjspcare-2018-hospiceabs.76

Background Talking about death and dying is a tough subject, however, it is something that is going to happen to all of us. The concept of death cafés was developed by Jon Underwood and Sue Barsky Reid in 2011 to provide a secure place to talk openly about death, dying and bereavement and to help people make the most of their finite lives (<http://deathcafe.com>; Miles & Corr, 2017).

Aims Ashgate Hospicecare wants to build on the death café movement and take away the taboo of a subject that we all face. We also aim to use these events to tackle the misconceptions surrounding hospice culture.

Method In 2016, Ashgate Hospicecare's first death café was held in a local library with support from solicitors and funeral directors. By 2018, the event was held at a unit in the town centre over two days and within the hospice for one day. Each year, more interactive opportunities were available for the general public and hospice staff than the previous year, such as creating memory boxes, finger print keyrings, thinking about your funeral song and creating a bucket list. We have